

STATE OF HAWAII
JOURNAL VOUCHER

Department No: _____

Comptroller No: _____

XXXXXXXX

Department Date: _____

Comptroller Date: _____

FUND											MM/DD/YY																	
SFX	TC	F	YR	APP	D	ALLOT CAT	SOURCE/ OBJECT	COST CENTER	PROJECT		DEPT ACT	G/L ACCT	S/L ACCT	REFERENCE DOC		AMOUNT		M O D	R E V	OPTIONAL DEPARTMENTAL DATA	REMARKS							
									NUMBER	PH				NUMBER	SFX													
XX	XXX	X	XX	XXX	XX	XX	XXXX	XXXX	XXXXXX	XX	XXX	XXX	XXXXXX	XXXXXXXXXX	XX	XXXXXXXXXXXX	XX	X	X	x (22)								
EXPLANATION:															DEPARTMENTAL CERTIFICATION:													
															_____							_____ <i>for</i> HEAD OF DEPARTMENT						
															COMPTROLLER APPROVAL:							_____						